



June 20, 2017

Via Electronic Filing

Marlene H. Dortch, Secretary Federal Communications Commission Office of the Secretary 445 12<sup>th</sup> Street, SW Washington, DC 20554

Re: WC Docket No. 14-58

2017 ETC Annual Report Pursuant to 47 C.F.R. § 54.313 and 54.422 2017 ETC Annual Report of Surry Telephone Membership Corp., Study Area Code 230503

Dear Secretary,

On behalf of Surry Telephone Membership Corp., we have attached for filing confidential and redacted versions of the FCC Form 481 ETC annual reporting information pursuant to 47 CFR 54.313 and 47 CFR 54.422 of the Commission's rules. Surry Telephone Membership Corp seeks confidential treatment under the Commission's existing confidentiality rules at 47 CFR 0.457 and 47 CFR 0.459 for the information filed pursuant to Section 54.313(a)(1) and Section 54.313(f)(2) of the Commission's regulations<sup>1</sup>. The redacted version is also being filed this date via the FCC's Electronic Comment Filing System.

Sincerely,

/s/ Leah Richter
Senior Telecommunications Analyst
Phone: (605) 995-1793
Fax: (605) 995-1778
Leah.Richter@Vantagepnt.com

Enclosure(s)

cc: Amy Hanson, COO, Surry Telephone Membership Corp Charles Tyler, Telecommunications Access Policy Division

<sup>&</sup>lt;sup>1</sup> Connect America Fund et al., WC Docket No. 10-90 et al., Protective Order, 27 FCC Rcd 14231 (Wireline Comp. Bur. 2012) (Protective Order).

FCC For	rm 481 - Carrier Annual Reporting Data Collection Form	REDAC	CTED-FOR PUBLIC INSPECTION	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		230503	
<015>	Study Area Name		SURRY MEMBERSHIP	·
<020>	Program Year	•	2018	
<030>	Contact Name: Person USAC should conta with questions about this data	act	Leah Richter	
<035>	Contact Telephone Number: Number of the person identified in data lir	ne <030>	6059951793 ext.	
<039>	Contact Email Address: Email of the person identified in data line	<030>	Leah.Richter@vantagepnt.com	
	Form Ty	уре	54.313 and 54.422	

(200) Service Outage Reporting (Voice)	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

	2018					
Leah Richter						
0> For the prior calendar year, were there any reportable voice service outages? No						
<g></g>	<h>&gt;</h>					
	<g></g>					

<a></a>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<c1></c1>	<c2></c2>	<a></a>	<e></e>	<†>	<g></g>	<n></n>
NORS									Did This Outage		
Reference	Outage Start	Outage Start	Outage End	Outage End	Number of		911 Facilities	Service Outage	Affect Multiple		
Number	Date	Time	Date		<b>Customers Affected</b>	Total Number of	Affected	Description (Check		Service Outage	Preventative
						Customers	(Yes / No)	all that apply)	(Yes / No)	Resolution	Procedures
									•		
	l										

•	ulfilled Service Request ection Form				FCC Form 481 OMB Control No. 3060-0986/OMB Control July 2013	No. 3060-0819	
<010>	Study Area Code		230503				
<015>	Study Area Name		SURRY MEMBERSHIP				
<020>	Program Year		2018				
<030> Contact Name - Person USAC should contact regarding this data			Leah Richter				
<035> Contact Telephone Number - Number of person identified in data line <030> 6059951793 ext.							
<039> Contact Email Address - Email Address of person identified in data line <030> Leah.Richter@vantagepnt.com							
<300> U	nfulfilled service request (voice)		0				
<310> [	Detail on attempts (voice)						
		Nam	e of Attached Document				
<320>	Unfulfilled service request (broadband)		1				
		230503nc330.pdf					
<330>	Detail on attempts (broadband)						_
		N	Name of Attached Document				

(400) Number of Complaints per 1,000 customers	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	230503	
<015>	Study Area Name	SURRY MEMBERSHIP	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact	t regarding this data Leah I	Richter
<035>	Contact Telephone Number - Number of pe <030>	rson identified in data line	6059951793 ext.
<039>	Contact Email Address - Email Address of possible 4030>	erson identified in data line	Leah.Richter@vantagepnt.com
<400>	Select from the drop-down list to indicate he voice complaints (zero or greater) for voice calendar year for each service area in which any facilities you own, operate, lease, or other services.	telephony service in the prior you are designated an ETC fo	
<410>	Complaints per 1000 customers for fixed vo	ice	0.0
<420>	Complaints per 1000 customers for mobile	voice	0.0
<430>	Select from the drop-down list to indicate hend-user customer complaints (zero or greathe prior calendar year for each service are an ETC for any facilities you own, operate, l	nter) for broadband service in a in which you are designated	
<440>	Complaints per 1000 customers for fixed br	oadband	0.0
<450>	Complaints per 1000 customers for mobile	broadband	0.0

•	npliance With Service Quality Standards and Consumer Protection Rules ection Form		FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819  July 2013				
<010>	Study Area Code	230503					
<015>	Study Area Name	SURRY MEMBERSHIP					
<020>	Program Year	2018					
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter					
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.					
<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagepnt.com					
<500>	2500> Certify compliance with applicable service quality standards and consumer protection rules Yes						
	230503nc510.pdf						
<510>	<510> Descriptive document for Service Quality Standards & Consumer Protection Rules Compliance						
<515>	Certify compliance with applicable minimum service standards						

	unctionality in Emergency Situations REDA ollection Form	ACTED-FOR PUBLIC INSPECTION	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	230503	
<015>	Study Area Name	SURRY MEMBERSHIP	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	> Leah.Richter@vantagepnt.com	
<600>	Certify compliance regarding ability to function in emergency situations	Yes	
<610>	Descriptive document for Functionality in Emergency Situations	230503nc610.pdf	

(700) Price Offerings including Voice Rate Data		FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> Study Area Code	230503	
<015> Study Area Name	SURRY MEMBERSHIP	
<020> Program Year	2018	
<030> Contact Name - Person USAC should contact regarding this data	Leah Richter	
<035> Contact Telephone Number - Number of person identified in data	line <030> 6059951793 ext.	
<039> Contact Email Address - Email Address of person identified in data	line <030> Leah.Richter@vantagepnt.com	
<701> Residential Local Service Charge Effective Date <702> Single State-wide Residential Local Service Charge		

<703>	<a1></a1>	<a2></a2>	<a3></a3>	<b1></b1>	<b2></b2>	<b3></b3>	<b4></b4>	<b5></b5>	<c></c>
					Residential Local			Mandatory Extended Area	
	State	Exchange (ILEC)	SAC (CETC)	Rate Type	Service Rate	State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
					See at	tached worksheet			
					<del></del>	<del>laciica wornsiicel</del>			
!									

(710) Broadbrand Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	30503
<015>	Study Area Name	SURRY MEMBERSHIP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagepnt.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c></c>	<d1></d1>	<d2></d2>	<d3></d3>	<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rate and Fees	Broadband Service - Download Speed (Mbps)	Broadband Service - Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select }
				<ul> <li>See attack</li> <li>worksheet -</li> </ul>	hed				
				, romanio					

	erating Companies ection Form			FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code		230503	
<015>	Study Area Name		SURRY MEMBERSHIP	
<020>	Program Year		2018	
<030>	Contact Name - Person L	JSAC should contact regarding this data	Leah Richter	
<035>	Contact Telephone Num	ber - Number of person identified in data line <030>	6059951793 ext.	
<039>	Contact Email Address -	Email Address of person identified in data line <030>	Leah.Richter@vantagepnt.com	
<810>	Reporting Carrier	Surry Telephone Membership Corp		
<811>	Holding Company	Not Applicable		
<812>	Operating Company	N/A		

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
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-	See atta	ached workshe	et
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(900) Tri	pal Lands Reporting	F	FCC Form 481
Data Col	lection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0819
			July 2013
0.4.0		230503	
<010>	Study Area Code	SURRY MEMBERSHIP	
<015>	Study Area Name Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagepnt.com	
<900>	Does the filing entity offer tribal land services? (Y/N)	No	
<910>	Tribal Land(s) on which ETC Serves		
<920>	Tribal Government Engagement Obligation	Name of Attached Document	
If your c	ompany serves Tribal lands, please select (Yes,No, NA) for each these boxes		
	rm the status described on the attached PDF, on line 920,		
	trates coordination with the Tribal government pursuant to	Select	
	B(a)(9) includes:	Yes or No or	
<921> <922>	Needs assessment and deployment planning with a focus on Tribal community anchor institutions.  Feasibility and sustainability planning;	Not Applicable	
<923>			
<923>	Marketing services in a culturally sensitive manner;		
	Compliance with Land Lice permitting requirements		
<925>	Compliance with Land Use permitting requirements		
<926>	Compliance with Facilities Siting rules	<u> </u>	
<927>	Compliance with Environmental Review processes		
<928>	Compliance with Cultural Preservation review processes		
<929>	Compliance with Tribal Business and Licensing requirements.		

	REL	JACTED-	OR PUBLIC INSPECTION	1 460 1
(1000) V	pice and Broadband Service Rate Comparability		FCC Form 481	
Data Coll	ection Form		OMB Control No. 3	3060-0986/OMB Control No. 3060-0819
			July 2013	
<010>	Study Area Code		230503	
<015>	Study Area Name		SURRY MEMBERSHIP	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding this data		Leah Richter	
<035>	Contact Telephone Number - Number of person identified in data line		6059951793 ext.	
<039>	Contact Email Address - Email Address of person identified in data line	e <030>	Leah.Richter@vantagepnt.com	
<1000>	Voice services rate comparability certification	Yes		
<1010>	Attach detailed description for voice services rate comparability compliance	2305	03nc1010.pdf	
			Name of Attached Document	
<1020>	Broadband comparability certification		- Pricing is no more than the most recent a Wireline Competition Bureau	pplicable benchmark announced by
<1030>	Attach detailed description for broadband comparability compliance	23050	3nc1030.pdf	
			Name of Attached Document	

,	o Terrestrial Backhaul Reporting lection Form		FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010> <015> <020> <030> <035> <039>	Study Area Code Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> Contact Email Address - Email Address of person identified in data line <030>	230503 SURRY MEMBERSHIP 2018 Leah Richter 6059951793 ext.	
<1100>	Certify whether terrestrial backhaul options exist (Y/N)	Leah.Richter@vantagepnt.com Yes	
<1130>	Please select the appropriate response (Yes, No, Not Applicable) to confirm the reporting carrier offers broadband service of at least 1 Mbps downstream and 256 upstream within the supported area pursuant to § 54.313(g).	kbps	

-	erms and Condition for Lifeline Customers			FCC Form 481
Lifeline	asking Farms			OMB Control No. 3060-0986/OMB Control No. 3060-0819
Data Coll	ection Form			July 2013
<010>	Study Area Code		230503	
<015>	Study Area Name		SURRY MEMBERSHIP	
<020>	Program Year		2018	
<030>	Contact Name - Person USAC should contact regarding this data		Leah Richter	
<035>	Contact Telephone Number - Number of person identified in data line <0	030>	6059951793 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <	:030>	Leah.Richter@vantagepnt.com	
			230503nc1210.pdf	1
			230303HC1210.pdf	
.4240:	There 0. Conditions of Males Talashan (1964) as Plans			
<1210>	Terms & Conditions of Voice Telephony Lifeline Plans			
		_	N	ame of Attached Document
<1220>	Link to Duklin Makeka			
<1220>	Link to Public Website HTT	<b>TP</b> ht	ttp://surry.net/lifeline/	
"Please cl	heck these boxes below to confirm that the attached document(s), on line 1210,			
	bsite listed, on line 1220, contains the required information pursuant to			
	(a)(2) annual reporting for ETCs receiving low-income support, carriers must			
annually				
aaa, .				
<1221>	Information describing the terms and conditions of any voice	7		
	telephony service plans offered to Lifeline subscribers,			
<1222>	Details on the number of minutes provided as part of the plan,	~		
		_		
<1223>	Additional charges for toll calls, and rates for each such plan.			

(2005) Price Cap Carrier Additional Documentation  Data Collection Form  Including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers			FCC Form 481  OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	230503	
<015>	Study Area Name	SURRY MEMBERSHIP	
<020>	Program Year	2018	
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter	
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.	
<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagepnt.com	

Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(c),(d),(e). The information reported on this form and in the documents attached below is accurate.

## **Incremental Connect America Phase I reporting**

<2011>	3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note that for the July 2017 certification, this applies to Round 2 recipients of Incremental Support.		
<2022>	Recipient certifies, representing year three after filing a notice of acceptance of funding pursuant to 54.312(c), that the locations in question are not receiving support under the Broadband Initiatives Program or the Broadband Technology Opportunities Program for projects that will provide broadband with speeds of at least 4		
<2023>	Mbps/1Mbps - 54.313(b)(2)(i). Round 2 recipients only. The attachment on line 2024 includes a statement of the total amount of capital funding expended in the previous year in meeting Connect America Phase I deployment obligations, accompanied by a list of census blocks indicating where funding was spent. This covers year three - 54.313(b)(2)(ii). Round 2 recipients only.		
<2024A>	Round 2 Recipient of Incremental Support?		
<2024B>	Attach list of census blocks indicating where funding was spent in year three - 54.313(b)(2)(ii). Round 2 recipients only.	Name of Attached Document Listing Required Information	
<2025A>	Round 2 Recipient of Incremental Support?		
<2025B>	Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and Order, FCC 13-73, paragraph 35 (May 22, 2013).	Name of Attached Document Listing Required Information	
<2015>	2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)		

(2005) Price Cap Carr	rier Additional Documentation	FCC Form 481
Data Collection Form		OMB Control No. 3060-0986/OMB Control No. 3060-0
Including Rate-of-Retu	turn Carriers affiliated with Price Cap Local Exchange Carriers	July 2013
Price Cap C	Carrier Connect America ICC Support {47 CFR § 54.313(d)}	
<2016> Ce	ertification support used to build broadband	
Connect An	nerica Phase II Reporting {47 CFR § 54.313(e)}	
<2017A> Co	onnect America Fund Phase II recipient?	
	otal amount of Phase II support, if any, the price cap carrier used for capital expenditures in 2016.	
ir	Attach the number, names, and addresses of community anchor nstitutions to which the carrier newly began providing access to proadband service in the preceding calendar year - 54.313(e)(1)(ii)(A)	Name of Attached Document Listing Required Information
 	Recipient certifies that it bid on category one telecommunications and Internet access services in response to all FCC Form 470 postings seeking broadband service that meets the connectivity targets for the schools and libraries universal service support program for eligible schools and libraries located within any area in a census block where the carrier is receiving Phase II model-based support, and that such bids were at rates reasonably comparable to rates charged to eligible schools and libraries in urban areas for comparable offerings - 54.313(e)(1)(ii)(C)	

(3005) Rate Of Return Carrier Additional Documentation	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	230503
<015>	Study Area Name	SURRY MEMBERSHIP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
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<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagepnt.com

Select from the drop down menu or check the boxes below to note compliance with 54.313(f)(1). Privately held carriers must ensure compliance with the financial reporting requirements set forth in 47 CFR 54.313(f)(2). I further certify that the information reported on this form and in the documents attached below is accurate.

	Progress Report on 5 Year Plan				
(3009)	Carrier certifies to 54.313(f)(1)(iii)	71	7 to be a sub-	!5!	
(3010A)	Certification of Public Interest Obligations {47 CFR §	Τ.6	es - Attacıı	n Certificati	30503nc3010.pdf
(3010B)	54.313(f)(1)(i)} Please Provide Attachment	Name of Attached Docu Information	ıment Listing		30503nc3010.par
(3012A)	•	No - No New Community	Anchors	_	
(3012B)	54.313(f)(1)(ii)} Please Provide Attachment	Name of Attached Docu	ıment Listing	Required	
(3013)	Is your company a Privately Held ROR Carrier {47 CFR § 54.313(f)(2)}	Information (Yes/No)	© C	)	
(3014)	If yes, does your company file the RUS annual report	(Yes/No)	<ul><li>O</li><li>C</li></ul>	)	
(3015)	Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers)		V	]	
(3016)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows			_	230503nc3017.pdf
(3017)	If the response is yes on line 3014, attach your company's RUS annual report and all required documentation	Name of Attached Docu Information	ıment Listing	Required	
(3018)	If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers	(Yes/No)	0 0		
(3020)	Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows				
(3021)	Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line 3026 pursuant to § 54.313(f)(2), contains:				
(3022)	Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for Telecommunications Borrowers				
(3023)	Underlying information subjected to a review by an independent certified public accountant				
(3024)	Underlying information subjected to an officer certification.				
(3025)	Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows				
(3026)	Attach the worksheet listing required information	Name of Attached Docu Information	ıment Listing	Required	

13051 Ratie Of Return Carrier Additional Documentation (Continued).
(3005) Rate Of Return Carrier Additional Documentation (Continued)
The Control of the Co
Data Collection Form OMB Control No. 3060-0926/OMB Control No. 3060-09
tn(v,3013

<010>	Study Area Code	230503
<015>	Study Area Name	SURRY MEMBERSHIP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@yantagepnt.com

#### Financial Data Summary

(3027) Revenue

(3028) Operating Expenses

(3029) Net Income

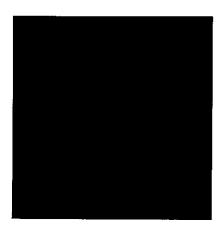
(3030) Telephone Plant In Service(TPIS)

(3031) Total Assets

(3032) Total Debt

(3033) Total Equity

(3034) Dividends



(4005) Rural Broadband Experiment Additional Documentation Data Collection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	230503
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<039>	Contact Email Address - Email Address of person identified in data li	ine <030> Leah.Richter@vantagepnt.com

# 4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

# Public Interest Obligations – FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

**4001**. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

## Community Anchor Institutions – FCC 14-98 (paragraph 79)

**4003a**. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

#### If yes to 4003A, please provide a response for 4003B.

speed and data usage allowances available in the

relevant geographic area.

<b>4003b</b> . Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to broadband service in the preceding calendar year.	Name of Attached Document Listing Required Information
Broadband Deployment Locations – FCC 14-98 (par	agraph 80)
<b>4004a</b> . Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481.	Name of Attached Document Listing Required Information
<b>4004b</b> . Attach evidence demonstrating that the recipient is meeting the relevant public service obligations for the identified locations. Materials must at least detail the pricing, offered broadband	Name of Attached Document Listing Required Information

Certification - Reporting Carrier	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

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<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagepnt.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

#### Certification of Officer as to the Accuracy of the Data Reported for the Annual Reporting for CAF or LI Recipients

I certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support recipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate.

Name of Reporting Carrier: SURRY MEMBERSHIP

Signature of Authorized Officer: CERTIFIED ONLINE Date 06/20/2017

Printed name of Authorized Officer: Amy Hanson

Title or position of Authorized Officer: Chief Operating Officer

Telephone number of Authorized Officer: 3363744517 ext.

Study Area Code of Reporting Carrier: 230503 Filing Due Date for this form: 07/03/2017

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

	ion - Agent / Carrier ection Form	FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013
<010>	Study Area Code	230503
<015>	Study Area Name	SURRY MEMBERSHIP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagepnt.com

#### TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

I certify that (Name of Agent) is authorized to submit the information reported on behalf of the reporting c also certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized agent; and, to the best of my knowledge, the reports and data provided to the authorized agent is accurate.		
Name of Authorized Agent:		
Name of Reporting Carrier:		
Signature of Authorized Officer:	Date:	
Printed name of Authorized Officer:		
Title or position of Authorized Officer:		
Telephone number of Authorized Officer:		
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this	an be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.	

## TO BE COMPLETED BY THE AUTHORIZED AGENT:

Certification of Agent	Authorized to File Annual Reports for CAF or LI Recipie	ents on Behalf of Reporting Carrier
	horized to submit the annual reports for universal service support reporting carrier; and, to the best of my knowledge, the informat	
Name of Reporting Carrier:		
Name of Authorized Agent Firm:		
Signature of Authorized Agent or Employee of Agent:		Date:
Name of Authorized Agent Employee:		
Title or position of Authorized Agent or Employee of Agen	t	
Telephone number of Authorized Agent or Employee of A	gent:	
Study Area Code of Reporting Carrier:	Filing Due Date for this form:	
Persons willfully making false statements on this form	n can be punished by fine or forfeiture under the Communications Act of 18 of the United States Code, 18 U.S.C. § 1001.	1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title

Attachments

(700) Price Offerings including Voice Rate Data	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	230503
<015>	Study Area Name	SURRY MEMBERSHIP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagepnt.com

<701> Residential Local Service Charge Effective Date

1/1/2017

Single State-wide Residential Local Service Charge

<703>

ETC) Rate Type	Residential Local Service Rate				
	Service Rate			Mandatory Extended Area	
FR		State Subscriber Line Charge	State Universal Service Fee	Service Charge	Total per line Rates and Fees
	14.0	6.5	1.13	0.0	21.63
FR	14.0	6.5	1.13	0.0	21.63
FR	14.0	6.5	1.13	0.0	21.63
FR	14.0	6.5	1.13	0.0	21.63
FR	14.0	6.5	1.13	0.0	21.63
FR	14.0	6.5	1.13	0.0	21.63

(710) Broadband Price Offerings	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code	230503
<015>	Study Area Name	SURRY MEMBERSHIP
<020>	Program Year	2018
<030>	Contact Name - Person USAC should contact regarding this data	Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>	6059951793 ext.
<039>	Contact Email Address - Email Address of person identified in data line <030>	Leah.Richter@vantagepnt.com

<711>	<a1></a1>	<a2></a2>	<b1></b1>	<b2></b2>	<c> <d1></d1></c>	<d2></d2>	<d3></d3>		<d4></d4>
	State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees		Broadband Service -Upload Speed (Mbps)	Usage Allowance (GB)	Usage Allowance Action Taken When Limit Reached {select}
	NC	336-352	0.0	14.0	14.0	1.13	0.0	999999	Other, None at this time
	NC	336-374	0.0	14.0	14.0	1.13	0.0	999999	Other, None at this time
	NC	336-320	0.0	14.0	14.0	1.13	0.0	999999	Other, None at this time
	NC	336-325	0.0	14.0	14.0	1.13	0.0	999999	Other, None at this time
	NC	336-351	0.0	14.0	14.0	1.13	0.0	999999	Other, None at this time
	NC	336-366	0.0	14.0	14.0	1.13	0.0	999999	Other, None at this time
			1	1					

(800) Operating Companies	FCC Form 481
Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0819
	July 2013

<010>	Study Area Code		230503
<015>	Study Area Name		SURRY MEMBERSHIP
<020>	> Program Year		2018
<030>	30> Contact Name - Person USAC should contact regarding this data		Leah Richter
<035>	Contact Telephone Number - Number of person identified in data line <030>		6059951793 ext.
<039>	> Contact Email Address - Email Address of person identified in data line <030>		Leah.Richter@vantagepnt.com
<810>	Reporting Carrier	Surry Telephone Membership Corp	
<811>	Holding Company	Not Applicable	
<812>	Operating Company	N/A	

<813>	<a1></a1>	<a2></a2>	<a3></a3>
	Affiliates	SAC	Doing Business As Company or Brand Designation
=	Carolina West Wireless		Carolina West Wireless
	WSS, LLC		WSS, LLC
	Access On		Access On
_	Piedmont Communications Services, Inc.	230497	Piedmont Communications Services, Inc.
_	Piedmont Communications Services, Inc.	230497	Surry Telecommunications, Inc.
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CERTIFICATION OF SURRY TELEPHONE MEMBERSHIP CORP

Reporting Period January 1 - December 31, 2016

Sec. 54.313(a)(3) Unfulfilled Broadband Service Requests Resolution

Pursuant to § 54.313(a)(3) for High-cost Recipients, Carrier hereby certifies that it had unfulfilled

requests for broadband service within 2016. Customers had requested broadband services in

carrier's advertisements but were beyond the distance constraints of broadband over twisted

copper pair cable. To resolve this issue, Carrier is working on improving their broadband

capabilities in order to increase their wireless broadband capacity and enabling them to offer

broadband services to those who had requested service.

I verify that the foregoing is true and correct. Executed on June 13, 2017.

/s/ Amy R. Hanson

Amy R. Hanson

Chief Operating Officer

Surry Telephone Membership Corp.

CERTIFICATION OF SURRY TELEPHONE MEMBERSHIP CORP

Reporting Period January 1 - December 31, 2016

Sec. 54.313(a)(5) and Sec. 54.422 Service Quality Standards and Consumer Protection

**Rules Compliance** 

Pursuant to § 54.313(a)(5) for High-cost Recipients and § 54.422 for Lifeline Support Recipients,

Surry Telephone Membership Corp hereby certifies that it is in compliance with applicable service

quality standards and consumer protection rules. Surry Telephone Membership Corp follows

Customer Proprietary Network Information (CPNI) rules and also files the annual CPNI

certification with the FCC pursuant to the FCC's current CPNI rules and regulations.

I verify that the foregoing is true and correct. Executed on June 13, 2017.

/s/ Amy R. Hanson

Amy R. Hanson

Chief Operating Officer

Surry Telephone Membership Corp.

Attachment Line 610

CERTIFICATION OF SURRY TELEPHONE MEMBERSHIP CORP

Reporting Period January 1 – December 31, 2016

Sec. 54.313(a)(6) and Sec. 54.422 Ability to Function in an Emergency Situation

Pursuant to § 54.313(a)(6) for High-cost Recipients and § 54.422 for Lifeline Support Recipients.

Surry Telephone Membership Corp hereby certifies that it is able to function in emergency

situations as set forth in § 54.202(a)(2). Surry Telephone Membership Corp is able to remain

functional in an emergency situation through the use of back-up power to ensure functionality

without an external power source. All Surry Telephone Membership Corp electronic equipment

locations are equipped with battery backup facilities which are designed for eight hours of reserve

power. Critical locations such as central offices also are equipped with stand-by generators. This

equipment enables it to provide service for a reasonable period of time if external power is lost.

Surry Telephone Membership Corp's network is engineered to handle reasonable excess traffic

in the event of traffic spikes resulting from emergency situations. Surry Telephone Membership

Corp has redundancy in its network for use in re-rerouting traffic when facilities are damaged.

I verify that the foregoing is true and correct. Executed on June 13, 2017.

/s/ Amy R. Hanson

Amy R. Hanson

**Chief Operating Officer** 

Surry Telephone Membership Corp.

Attachment Line 1010

CERTIFICATION OF SURRY TELEPHONE MEMBERSHIP CORP

Reporting Period January 1 – December 31, 2016

47 CFR 54.313(a)(10) - Voice Services Rate Comparability

Pursuant to 47 CFR 54.313(a)(10) for High-cost Recipients, Carrier hereby certifies that the pricing

of Carrier's voice services is no more than two standard deviations above the applicable national average

urban rate for voice service, as specified in the most recent public notice issued by the Wireline

Competition Bureau and Wireless Telecommunications Bureau.

The WCB announced that the average local end-user rate plus state regulated fees of the

surveyed incumbent LECs in urban areas is \$49.51. This was published in the FCC's Public Notice, WC

Docket No. 10-90, DA 17-167, released February 14, 2017. Carrier's voice service rates are less than two

standard deviations in relation to the applicable 2017 national average urban rate as established by the

WCB.

I verify that the foregoing is true and correct. Executed on June 13, 2017.

\_/s/ Amy R. Hanson\_

Amy R. Hanson

**Chief Operating Officer** 

Surry Telephone Membership Corp.

#### CERTIFICATION OF SURRY TELEPHONE MEMBERSHIP CORP

## Reporting Period January 1 – December 31, 2016

## 47 CFR 54.313(g) - Broadband Services Rate Comparability

Pursuant to 47 CFR 54.313(g) for High-cost Recipients, Carrier hereby certifies that the pricing of Carrier's broadband services is no more than two standard deviations above the applicable national average urban rates for broadband service, as specified in the most recent public notice issued by the Wireline Competition Bureau and Wireless Telecommunications Bureau.

The following table was published in the FCC's Public Notice, WC Docket No. 10-90, DA 17-167, released February, 2017. The table provides the 2017 benchmark for a number of different broadband service offerings.

Download Speed (Mbps)	Upload Speed (Mbps)	Usage Allowance (GB)	Benchmark
10	1	100	\$76.47
10	1	150	\$76.97
10	1	250	\$77.37
10	1	Unlimited	\$77.98
25	3	250	\$89.92
25	3	Unlimited	\$90.53
25	5	250	\$90.16
25	5	Unlimited	\$90.76

I verify that the foregoing is true and correct. Executed on <u>June 13</u>, 2017.

/s/ Amy R. Hanson

Amy R. Hanson

**Chief Operating Officer** 

Surry Telephone Membership Corp.

## **Surry Telephone North Carolina Lifeline Application**

#### **Application for Lifeline**

- Lifeline is a federal benefit and willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program
- Only one Lifeline service is available per household
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses
- A household is not permitted to receive Lifeline benefits from multiple providers
- Violation of the one-per-household limitation constitutes a violation of the Federal Communications Commission's (or "FCC") rules and will result in the subscriber's de-enrollment from the program
- Lifeline is a non-transferable benefit and the subscriber may not transfer his or her benefit to any other person.

### How to apply: four steps

- 1. Choose whether you will apply because you participate in a qualifying program or because your total household income falls within the guidelines.
- 2. Fill out the form. You must indicate your service address as well as your billing address (if not the same as your service address), as well as your SSN and your date of birth.
- 3. You must provide photocopies of either the program or income documents.
- 4. You must sign the bottom of the application indicating that you are complying with the Lifeline benefit rules.

#### **Qualifying Methods**

You may qualify for Lifeline either because you participate in one of the following programs or because your income is within the following guidelines. **NOTE**: You may receive Social Security and Medicare benefits, but to qualify for Lifeline, you must receive benefits from one of the following programs or your income must fall within the guidelines.

You MUST send photocopies of any qualifying documentation. NOTE: SEND PHOTOCOPIES ONLY; WE WILL NOT RETURN ANY DOCUMENTATION.

## **Program Eligibility**

- Supplemental Nutrition Assistance Program (SNAP)
- Federal Public Housing/Section 8
- Veterans Pension or Survivors Pension benefit
- Income Based Eligibility
- Medicaid
- Supplemental Security Income (SSI)

Documentation includes a photocopy of a card or an award letter.

### **Income Eligibility**

Annual I	ncome Ba	ased on F	lousehold	d Size				
1	2	3	4	5	6	7	8	For each add'l person
\$11,880	\$16,020	\$20,160	\$24,300	\$28,440	\$32,580	\$36,730	\$40,890	+ \$4,160/person

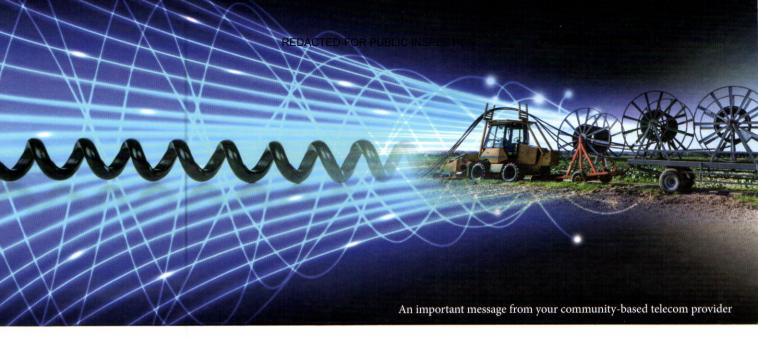
Documentation needed to qualify for Lifeline through income is noted on next page.

# **Surry Telephone North Carolina Lifeline Application**

When completed, mail form to:

# Surry Telephone P.O. Box 385, Dobson, NC 27017

Customer Service Address:		lemporary(required): Yes: No:
City:	State:	Zin Code:
Customer Bill Address:	_ 5tate	Zip Code:Zip Code:
City:	State:	Zin Code:
Customer's Home Telephone:		
Customer's Social Security Numb	er :	
Please choose 1 OR 2.		
1. I certify that I participate in at	least one of the	e following programs (check all that apply) and I am
providing a photocopy of a do	cument that de	monstrates my participation in one of these programs.
NOTE: SEND PHOTOCOPIES (	ONLY; WE WILL	NOT RETURN ANY DOCUMENTATION.
☐ Supplemental Nutrition Assistan		☐ Veterans Pension or Survivors Pension benefit
(SNAP)		veteralis Perision of Survivors Perision benefit
		☐ Supplemental Security Income (SSI)
Todayal Dublic Haveing /Continu	n	
☐ Federal Public Housing/Section 8	3	
2.7. 1:6.11.1		
		within the guidelines listed on Page 1 and I also certify
		hold <b>(required):</b> Adults Children I am
providing a photocopy of the fo		
		ement / pension statement of benefits
Current income statement from a	an 🗀 onen	ployment/Workmen's Compensation statement of benefit
employer □ Paycheck stubs for most recent 3	D ⊏ Endo	al notice letter of participation in Coneral Assistance
months	o ∐ reuei	al notice letter of participation in General Assistance
Social Security statement of ben	ofits	ans Administration Statement of Benefits
Child Support document	_	official document containing income information
Divorce decree		official document containing meome information
I certify, under penalty of per	iurv. that:	
		eligibility criteria for receiving Lifeline, shown above.
		ny reason I no longer satisfy the criteria for receiving
		neet the income-based or program-based criteria for
<b>.</b>	-	e than one Lifeline benefit, or another member of my
household is receiving a Lifeli	ne benefit.	
		t new address to Surry Telephone within 30 days.
		rvice and, to the best of my knowledge, my household is
4. My household will receive only		
•		The analyse are seed of my knowledge, my household is
not already receiving a Lifelin	e service.	
not already receiving a Lifelin 5. The information contained in	e service. this certification	form is true and correct to the best of my knowledge.
not already receiving a Lifelin 5. The information contained in 6. I acknowledge that providing	e service. this certification	
not already receiving a Lifelin 5. The information contained in 6. I acknowledge that providing by law.	e service. this certification false or fraudul	form is true and correct to the best of my knowledge. ent information to receive Lifeline benefits is punishable
not already receiving a Lifelin 5. The information contained in 6. I acknowledge that providing by law. 7. I acknowledge that I may be	e service. this certification false or fraudule required to re-c	form is true and correct to the best of my knowledge.
not already receiving a Lifelin 5. The information contained in 6. I acknowledge that providing by law. 7. I acknowledge that I may be	e service. this certification false or fraudule required to re-c	form is true and correct to the best of my knowledge. ent information to receive Lifeline benefits is punishable ertify my continued eligibility for Lifeline at any time, and
<ul> <li>not already receiving a Lifelin</li> <li>5. The information contained in</li> <li>6. I acknowledge that providing by law.</li> <li>7. I acknowledge that I may be my failure to re-certify my co Lifeline benefits.</li> </ul>	e service. this certification false or fraudule required to re-c ntinued eligibilit	form is true and correct to the best of my knowledge. ent information to receive Lifeline benefits is punishable ertify my continued eligibility for Lifeline at any time, and
<ul> <li>not already receiving a Lifelin</li> <li>5. The information contained in</li> <li>6. I acknowledge that providing by law.</li> <li>7. I acknowledge that I may be my failure to re-certify my co Lifeline benefits.</li> <li>I hereby authorize Surry Telepho</li> </ul>	e service. this certification false or fraudule required to re-c ntinued eligibilit ne to release ar	form is true and correct to the best of my knowledge. ent information to receive Lifeline benefits is punishable ertify my continued eligibility for Lifeline at any time, and y will result in de-enrollment and the termination of my
<ul> <li>not already receiving a Lifelin</li> <li>5. The information contained in</li> <li>6. I acknowledge that providing by law.</li> <li>7. I acknowledge that I may be my failure to re-certify my co Lifeline benefits.</li> <li>I hereby authorize Surry Telepho required for the administration of</li> </ul>	e service. this certification false or fraudule required to re-c ntinued eligibilit ne to release ar	form is true and correct to the best of my knowledge. ent information to receive Lifeline benefits is punishable ertify my continued eligibility for Lifeline at any time, and y will result in de-enrollment and the termination of my  ny of my information contained in this Lifeline Application
<ul> <li>not already receiving a Lifelin</li> <li>5. The information contained in</li> <li>6. I acknowledge that providing by law.</li> <li>7. I acknowledge that I may be my failure to re-certify my co Lifeline benefits.</li> <li>I hereby authorize Surry Telepho required for the administration of</li> </ul>	e service. this certification false or fraudule required to re-c ntinued eligibilit ne to release ar	form is true and correct to the best of my knowledge. ent information to receive Lifeline benefits is punishable ertify my continued eligibility for Lifeline at any time, and y will result in de-enrollment and the termination of my  y of my information contained in this Lifeline Application gram to the FCC or its designee, including the Universal





4121 Wilson Boulevard, Suite 1000 Arlington, VA 22203

www.frs.org

An important message from your community-based telecom provider



# Your community-based telecom provider is pleased to often intellection providing discounted telephone or internet service for eligible consumers.

The Lifeline Universal Service Program is a government supported program available to qualified, low-income consumers and offers a discount for eligible services. Eligible services include telephone and internet service (the latter as of December 2, 2016). If you are an existing telephone service subscriber receiving the monthly Lifeline discount, you can continue to apply that discount to your home or cell phone voice service. But you can only receive a discount on ONE option — telephone or internet.

# How to Qualify for a Lifeline Discount

You must participate in at least one of the following programs to be eligible for a Lifeline Program discount:

- Supplemental Nutrition Assistance Program (SNAP)
- Supplemental Security Income (SSI)
- Medicaid
- Federal Public Housing Assistance
- · Veterans Pension and Survivors Benefit Program
- Bureau of Indian Affairs General Assistance
- Tribally-administered Temporary Assistance for Needy Families (TTANF)
- Food Distribution Program on Indian Reservations (FDPIR)
- HEAD Start
- Income below the Federal Poverty Guideline

If you signed up for a Lifeline discount through the National School Lunch Program, Temporary Assistance for Needy Families, Low-Income Home Energy Assistance Program, or any other state-run program, your phone or internet provider may ask you to confirm your enrollment in one of the above, eligible programs when they do your next eligibility confirmation.

# Services Eligible for the Lifeline Discount

Lifeline telephone and internet services will have to provide certain minimum features. Lifeline-discounted services must offer at least:

- 500 minutes per month for cell phone voice plans
- 500 MB per month at 3G speeds for cell phone data plans
- 150 GB per month at 10/1 download/upload speeds for home internet plans

Exception: In those areas where the provider does not offer speeds at or above 10/1 download/upload, they must provide the highest performing, generally available home internet plans, which must be at least 4/1 download/upload.

# **Changing Companies**

If you decide to apply your monthly Lifeline discount to either home internet service or a data plan for your cell phone, you must remain with the company that provides your service for at least 12 months. After that, you are free to switch to a different company. If you move to a different state or to an area where your company does not offer service, let your company know. They will guide you through the process of changing companies.

If you sign up for new home or cell phone voice service, you need to stay with your company for at least 2 months. If you choose to apply your discount to a bundle, ask the company which change policy applies.



This brochure was produced by the Foundation for Rural Service (FRS), the philanthropic arm of NTCA—The Rural Broadband Association. FRS seeks to sustain and enhance the quality of life in America by advancing an understanding of rural issues. For more information on FRS visit www.frs.org. This educational campaign is supported by the Rural Telephone Finance Cooperative (RTFC).

**CERTIFICATION OF SURRY TELEPHONE MEMBERSHIP CORP** 

Reporting Period January 1 – December 31, 2016

Sec. 54.313(f)(1)(i) Milestone Certification

Pursuant to § 54.313 f)(1)(i) for Rate-of-Return Carriers, Carrier hereby certifies it is taking

reasonable steps to provide upon reasonable request broadband service at actual speeds of at

least 4 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications,

including Voice over Internet Protocol, and usage capacity that is reasonably comparable to

comparable offerings in urban areas as determined in an annual survey, and that requests for

such service are met within a reasonable amount of time.

I verify that the foregoing is true and correct. Executed on June 13, 2017.

/s/ Amy R. Hanson

Amy R. Hanson

**Chief Operating Officer** 

Surry Telephone Membership Corp

# **SURRY TELEPHONE MEMBERSHIP CORP (SAC 230503)**

## **ATTACHMENT LINE 3017**

Financial Reports
Pursuant to 47 C.F.R § 54.313(f)(2)

ATTACHMENT REDACTED IN ENTIRETY